



EGE ARABULUCULUK UYUŞMAZLIK ÇÖZÜM MERKEZİ

EGE MEDIATION & DISPUTE RESOLUTION CENTER
APPLICATION FORM (REQUEST FOR VOLUNTARY MEDIATION)

(applications may be made via [e-mail](#) or in person)

Application Date: _____

1-)Applicant:

Name Surname :
Nationality / Passport No / TR ID (if any):
Occupation:
Education:
Company:
Address (Work/Home):
Telephone (Mobile / Work / Home):
E-mail:

Information about the applicant's Attorney:

(This part shall be filled in if the request is made by the applicant's attorney)

Name Surname / Bar Registration No:
TR ID No:
Address:
Telephone (Mobile / Work):
E-mail:

2-) The Other Party:

If it is a legal entity:

Company name:
Contact Name & Position:
Tax Office & No:
Trade registry No:
Tel:
Address:
E-mail:

If it is a real person:

Name Surname:
Nationality / Passport No / TR ID (if any):
Occupation:
Address:
Mobile / Work / Home Telephone:
E-mail:

Information about the other party's Attorney:

(This part shall be filled in if the other party is represented by an attorney)

Name Surname / Bar Registration No:
TR ID No:
Address:
Telephone (Mobile / Work):
E-mail:

4-) Please provide brief details of the dispute and your claims:

Subject Matter :

Amount of dispute (if any) :

FURTHER EXPLANATIONS:

INFORMATION ABOUT THE OTHER PARTY: (Is the other party aware of the dispute? Did the other party accept to mediate on the disputed matter? Are they open to communication? etc.):

AVAILABLE DATES FOR MEDIATION: (Please provide a few available dates - if possible, mutually agreed dates)

Note: Please use an appendix if the space provided herein is not sufficient to list all the information you want to provide on this matter.

Please explain your requests from the other party:

Representations of the Applicant:

I represent that all the information I have provided about the dispute in question is correct and complete. By submitting this form, I am requesting voluntary mediation services through EGE ARABULUCULUK VE UYUŞMAZLIK ÇÖZÜM MERKEZİ. I understand that “the other party” will be contacted by EGE ARABULUCULUK VE UYUŞMAZLIK ÇÖZÜM MERKEZİ as to this request. I understand and accept that if “the other party” does not consent to voluntary mediation, this request cannot proceed.

6-) Name Surname of the Applicant

Signature:

7-) HOW DID YOU HEAR ABOUT US?

- Lawyer’s referral _____
- Industry/business network _____
- Media (Internet / newspaper / TV etc.) _____
- Other _____

The mediator who accepted the application on behalf of **EGE ARABULUCULUK VE UYUŞMAZLIK ÇÖZÜM MERKEZİ:**

DOCUMENTS PROVIDED BY THE APPLICANT:

- 1 - Copy of ID of the Applicant
- 2 -
- 3 -
- 4 -